Texas Department of Insurance
Division of Workers' Compensation
Medical Fee Dispute Resolution, MS-48
7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645
512-804-4000 telephone • 512-804-4811 fax • www.tdi.texas.gov

MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name
Elite Healthcare Garland

Respondent Name
Arch Insurance Company

MFDR Tracking Number
M4-15-0637-01

Carrier's Austin Representative
Box Number 19

MFDR Date Received
October 15, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached dates of service has been denied 'PAYER DEEMS THE INFORMATION SUBMITTED DOES NOT SUPPORT THIS LEVEL OF SERVICE.' The attached date of service is the initial visit that the patient made to the clinic. The doctor made a dictation supporting the key points to address the patient History, Review of Systems his Exam and Assessment were well documented. The carrier has denied this request 3x's. All additional dates of service after has been paid at 100%. Also the Team Conference was denied and the Treating Doctor recommended that the patient be evaluated and discuss the treatment plan. Per Rule 134.201 (e) a Team Conference can be completed once every 30 days. The carrier has paid one which was done 30 days later. I again am unsure why these claims are being denied."

Amount in Dispute: $372.60

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our Initial Response to the above referenced medical fee dispute resolution is as follows: We have escalated the bills in question for manual review to determine if additional monies are owed.

Supplemental response will be provided once the bill auditing company has finalized their review."

No supplemental response was received from the respondent.

Response Submitted by: Gallagher Bassett

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
May 14 and 20, 2014	Evaluation & Management, new patient (99204) & Team Conference (99361)	$372.60	$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134. 203 sets out the fee guidelines for billing and reimbursing professional

medical services.

3. 28 Texas Administrative Code §134.204 sets out the fee guidelines for billing and reimbursing Division-specific services.
4. 28 Texas Administrative Code §133.240 sets out the procedures for reimbursement and denial of medical bills.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
   - 15 – (150) Payer deems the information submitted does not support this level of service.
   - B1 – (B12) Services not documented in patients medical records.
   - 193 – Original payment decision being maintained. Upon review, it was determined that this claim was processed properly.
   - ZE10 – Not defined as required in 28 Texas Administrative Code §133.240.

Issues

1. Did the documentation submitted support CPT Code 99204 according to 28 Texas Administrative Code §134. 203?
2. Did the documentation submitted support CPT Code 99361 according to 28 Texas Administrative Code §134.204?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, "for coding, billing reporting, and reimbursement of professional medical services, Texas Workers' Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; … and other payment policies in effect on the date a service is provided…" Review of the submitted documentation finds that the requestor performed an office visit for the evaluation and management of a new patient.

   The American Medical Association (AMA) CPT code description for 99204 is:

   > Office or other outpatient visit for the evaluation and management of a new patient, which requires these 3 key components: **A comprehensive history; A comprehensive examination; Medical decision making of moderate complexity.** Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs. Usually, the presenting problem(s) are of moderate to high severity. Typically, 45 minutes are spent face-to-face with the patient and/or family [emphasis added].

   The 1997 Documentation Guidelines for Evaluation & Management Services is the applicable Medicare guideline to determine the documentation requirements for the service in dispute. Review of the documentation finds the following:

   - Documentation of the Comprehensive History:
     - "An *extended* [History of Present Illness (HPI)] consists of at least four elements of the HPI or the status of at least three chronic or inactive conditions." Documentation found the status of three chronic conditions was reviewed, thus meeting this element.
     - "A *complete* [Review of Systems (ROS)] inquires about the system(s) directly related to the problem(s) identified in the HPI, *plus* all additional systems. [Guidelines require] at least ten organ systems must be reviewed. Those systems with positive or pertinent negative responses must be individually documented. For the remaining systems, a notation indicating all other systems are negative is permissible. In the absence of such a notation, at least ten systems must be individually documented." Documentation found twelve systems were reviewed. This element was met.
     - "A *complete* [Past Family, and/or Social History (PFSH)] is a review of … all three of the PFSH history areas." The documentation finds that one history area (Past History) was reviewed. This element was not met.

     The Guidelines state, "To qualify for a given type of history all three elements in the table must be met." A review of the submitted documentation indicates that only two elements were met for a Comprehensive History, therefore this component of CPT Code 99204 was not supported.

   - Documentation of a Comprehensive Examination:
     - A "*comprehensive* examination [for a single organ system] …should include performance of all elements [of the Musculoskeletal Examination table]." A review of the submitted documentation finds that only eleven of the thirty elements were documented. Therefore, this component of CPT Code 99204 was not met.

- Documentation of Decision Making of Moderate Complexity:
    - *Number of diagnoses or treatment options* – Review of the submitted documentation finds that three new problems to the examiner were presented with additional workup planned, meeting the documentation requirements of Extensive complexity. Therefore, this element was exceeded.
    - *Amount and/or complexity of data to be reviewed* – Review of the documentation finds that the requestor ordered a functional capacity evaluation. Moderate complexity in decision-making requires moderate complexity of data. The documentation a minimal or low level of complexity of data was reviewed.
    - *Risk of complications and/or morbidity or mortality* – Review of the submitted documentation finds that presenting problems include two or more stable chronic illnesses, which present a moderate level of risk; physiologic tests were ordered, also representing a moderate level of risk; and physical therapy was ordered, presenting a low level of risk. "The highest level of risk in any one category…determines the overall risk." The documentation supports that this element met the criteria for moderate risk.

  "To qualify for a given type of decision making, **two of the three elements … must be either met or exceeded**." A review of the submitted documentation supports that this component of CPT Code 99204 was met.

Because only one component of CPT Code 99204 was met, the requestor failed to support the level of service required by 28 Texas Administrative Code §134.203 for Evaluation and Management of a new patient, CPT Code 99204.

2. 28 Texas Administrative Code §134.204 (e) states, "Case Management Responsibilities by the **Treating Doctor** is as follows: (1) Team conferences and telephone calls shall include coordination with an interdisciplinary team… (B) Team conferences and telephone calls must be outside of an interdisciplinary program. **Documentation shall include** the purpose and outcome of conferences and telephone calls, and **the name and specialty of each individual attending the team conference** or engaged in a phone call... (4) Case management services **require the treating doctor to submit documentation that identifies any HCP that contributes** to the case management activity" [emphasis added]. Review of the submitted documentation finds that the presence of the rendering provider for the team conference being billed was not supported.
3. Because the requestor did not support the disputed services through documentation, no further reimbursement is recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is $0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to $0.00 reimbursement for the disputed services.

Authorized Signature

	Laurie Garnes	April 15, 2015
Signature	Medical Fee Dispute Resolution Officer	Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012**.

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.